	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	
M	PLACE OF DEATH  o. COUNTY  Kent  MARYLAND  2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before ed  o. STATE  Maryland  b. COUNTY  Kent	mission
X		
	NAME OF DECEASED (Type or print) Morris Keene Barroll Lest 4. DATE Month OF DECEATE March 19, 1962 19	
	5. SEX male   6. COLOR OR RACE   7. MARRIED XXNEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeers   15 UNDER 1 YEAR   17 UNDER 1 YEAR   18 UNDER 2 Hours   18 UNDER 2 Hours   18 UNDER 2 Hours   18 UNDER 2 Hours   19 UNDER 2	Min.
	10b. KIND OF BUSINESS OR INDUSTRY  II. BIRTHPLACE (County & Stete, or foreign country)  Lawyer  10b. KIND OF BUSINESS OR INDUSTRY  II. BIRTHPLACE (County & Stete, or foreign country)  Kent Co. Maryland  11c. CITIZEN OF WHAT CO  USA  11d. MOTHER'S MAIDEN NAME	MINIKI
T		
3	Hopewell Horsey Barroll Margaret Spencer Wethered  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	
	(Yes, no, or unkown) (Ifyesgivewerordelesafservice) none Mrs. Margaret Barroll Chestertown,	
	PART I. DEATH WAS CAUSED 87; IMMEDIATE CAUSE (e)  Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause last.  CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  Cardiac decompensation, intractible  4 mon  6 yea:  7	ths rs rs
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AU PERFOR  Cirrhosis of liver  20e. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part I) of item 18.)  OR CONTRIBUTING [] CAUSE OF DEATH  OR CONTRIBUTING [] CAUSE OF DEATH  OR CONTRIBUTING [] CAUSE OF DEATH  OF ITHER, NOTIFY MEDICAL EXAMINER	MED?
		Stete)
	Hour e.m. While Not While fectory, street, office bldg., etc.) p.m. 19 et work at work	
	21. I certify that (I) (this hospital) attended the deceased from June 19.5.7 to March 196.2 that (I) (we saw the deceased alive on 3	above
	22e. SIGNATURE  OCOCIC  M.D. ATTENDING MED. STAFF PHYS. XX DIRECTOR PHYS. 3/19/6.	2IGNE
1	22t. PHYSICIAN'S NAME (Type) A. C. Dick Chestertown, Md.	
0	236. NAME OF CEMETERY OR CREMATORY  236. LOCATION (City, town or county)  St. Paul's Cemetery near - Chestertown, Md  24 (FUNERAL, DIRECTOR'S SIGNATURE)  Appress. Appress. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	,
. W	24 FUNERAL DIRECTOR'S SIGNATURE Chestertown, Md. 250. REC'D BY REGISTRAR'S SIGNATURE DATE WAR 2 2 '62 Cattury & House	

n 24 hours after

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be execut

CHERO The Author to And Market and the country of the cou THE WALL TO SEE STATE OF THE PARTY OF THE PA THE RESERVE OF THE PERSON OF T

72

TO HOSPITAL STENDING PHYSICIAN: The law requires that the death certificate be executed the hours after a death. At may be relatined by the hospital or attending physician.

TO FUNKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon perpose. Pages 1 and 2 should be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon perpose. Pages 1 and 2 should be director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

03321 CERTIFICATE OF DEATH 03314

a. COUNTY			e, STATE	ENCE (Where deceas	L COUNTY		ce before edmission
Kent		MARYLAND		ryland	B. COUNTY K	ent	
b. CITY OR TOWN (if outside corp write RURAL and give neeres)	town)	c. LENGTH OF STAY IN 1	c. CITY OR TOW	'N (If outside corporete	limits, write RURAL	and give r	neerest town)
Chestertown		45 minute	es X Be	tterton			
d. NAME OF HOSPITAL OR INST	TUTION (if not in hospid	tel, give street address)	d. STREET ADDRE	SS			e. IS RESIDENCE
Kent-Queen Ar	ne's Hosp	pital					YES NO TO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yeer
(Type or print)	John		Birk	DEATH	March	26	19 62
5. SEX 6. COLOR	OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		GE (In yeers IF UND		IF UNDER 24 HRS.
Male Whit	vidowed		Aug. 22, 1	892 69	yrs. Month	s Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind done during most of working life, even	d of work   10b. KIN	D OF BUSINESS OR INDUS	STRY II. BIRTHPLACE IC	county & State, or forei	gn country)   12.	CITIZEN O	F WHAT COUNTRY?
Storekeeper	Reta	ail Grocer	y German	v	U	. S.	A.
13. FATHER'S NAME			14. MOTHER'S MAID	46	1		
Mari	tin Birk		Anna	Neip			
15. WAS DECEASED EVER IN U.S. AL	MED FORCES? 16. SC	OCIAL SECURITY NO. 17		*	Address		-
(Yes, no, or unkown) (If yes give were		8-03-7216	Mrs. Ma	rie Rirk	Rette	rton	Md.
18. CAUSE OF DEATH [Enter		e for (a), (b), and (c).)	I'M O THO	TTO Date	, Dooo	INT	ERVAL BETWEEN
PART I. DEATH WAS CAUS	ED BY	ronary in	Panot			ON	ISET AND DEATH
14 3 0 0 0	DUE TO	Tollar y Ill	a1.00			- 47	a hrs.
Conditions, if any, which	(b) Ar	terioscler	rosis				3 years
gava rise to immediata cause	DUETO						
(e), sletting the underlying couse last.							
PART II. OTHER SIGNIFICAN	(c)	RIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN P	ART 1(e)   1	
ATIO							PERFORMED?
PART II. OTHER SIGNIFICAN  PART II. OTHER SIGNIFICAN  OR CONTRIBUTING T GAUSE O  III FITHER, NOTIFY MEDICAL EX	NG []   20b. DESCE	RIBE HOW INJURY OCCUP	ED. (Enter neture of injury	In Pert I or Pert II of it	tem 18.)	- 1 '	
OR CONTRIBUTING CAUSE O	F DEATH (AMINER)						
20c. TIME OF INJURY Month	, Day, Year   20d. IN.	JURY OCCURRED   20e. F	LACE OF INJURY (Home,	farm,   20f. (City or I	own) (	County)	(State)
20c, TIME OF INJURY Month	While el work		ectory, street, office bldg.,				
- Print	17		0.20	to E.C. Mon	26	62 .	(1)
21. I certify that (I) (thi							
saw the deceased alive of	n.Mar.CII2.	219.Q.Z, and th	at death occured at	Z.i.449, Firotti Th	e causes and o	n the da	stated above
22e, SIGNATURE		Distal.	ATTENDING	MED.	TAFF - 2	26-62	SIGNED
22c. PHYSICIAN'S		week	M.D. PHYS.	DIRECTOR P	HYS. [ ] 3-	20-02	5
NAME (Type)	A. C. Dicl	le .		rtown, Me	1.		
23a. BURIAL, CREMATION,   23b. D		23c. NAME OF CEMETER			N (City, town or co	untvi	(State)
REMOVAL (Specify)						r_1	(State)
	30-62	Still Pon			Pond, I	Id.	THISE
24 FUNERAL DIRECTOR'S SIGNATUR	and of		2 7/2	MAR 2 9 '62			
victor 14 100	neory	OGITT LOII	a, Ma DATE		1 Cirling	8. The	u.d

DEFICE A THE STATE OF THE THE LANGE WITH PRICE WITH THE PARTY OF THE PARTY. These of the money that had, in, your

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidance before admission) I. PLACE OF DEATH e. COUNTY b. COUNTY Kent Md. Kent MARYLAND The Z c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Galena Rural Millington, Near d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely Year 3. NAME OF Middle Lost 4. DATE Month Day DECEASED OF DEATH [Type or print] 1962 William Howard March 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX lest birthday) Months Days Hours and WIDOWED T Colored DIVORCED September. 5.1883 event, Male 1 12. CITIZEN OF WHAT COUNTRY? physician 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Del. Farm Labor Farm 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ding Emma H. Gleaves William A. Butler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) | (Ifyet give war or dates of service) Lulu Benton. Golt.  $Md_{\bullet}$ None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH g physicis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate ceuse DUE TO (a), steting the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL After 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (ectory, street, office bldg., etc.) While Not While Hour a.m. at work et work may be refain 21. I certify that (I) (this hospital) attended the deceased from Talks. be ref 6.2 and that death occurred at J.P.M., from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22a. SIGNATURE ATTENDING DIRECTOR PHYS. FUNERAL 22d. ADDRES 22c. PHYSICIAN NAME (Type 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF Galena Rural. Kent Co; Mar. 31, 1962 Davis Hill Cemetery OF 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE APR 2 Chillian S. Thairs 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

NO

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Md.

2 H 320 History and Terror V 1925: Suited War Spile - I TO LIANT TELEVISION totte . white TOTAL TOTAL notes idual and 5 x - 5 - 40 District of the property of the last the state of the The state of the s The second secon HERER KORALTIVERS MILLION PTO U MITTER the countries of the same of the countries of the countri Edward Seleno Melle good Till

Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH tem 1 Film G309 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH . COUNTY b. COUNTY Maryland Kent MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Kennedyville. Near Kennedyville Md (Rural) d. NAME OF HO STITE ORDING TO DON'THE TO BOSDITE! give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO DOA -Kent & Queen Anne's Hosp. 3. NAME OF 4. DATE DECEASED (Type or print) DEATH 102 Robert Jarrell Comegys 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months WIDOWED Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired F.O.Mitchell Cannery Kent Co. Md. USA Consultant Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John T. Comegys Mary George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 213-16-8546 Mrs, Nina Comegys, Rural Kennedyville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull 20 minutes Office ald burial-tre Deceased ran thru a dead end road, near Kennedyville 16Md, striking a bank on the other side. He was thrown gave rise to immediate cause against the steering wheel, the dash and widnshield. (a), stating the underlying had mutible contusions, cuts and fractures e was removed from the auto about 20 riend, and stopped breathing en route to the he has pital. Pronounced dead on arrival by Dr friend. PRIMARY CONTRIBUTING CAUSE OF CEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED & 20s. PLACE OF INJURY (Homa, form, ) 20f. (City or town) Month, Dey, Year (County) (Steta) while Not While at work highway near Houx XX 3/6/62 19 Kennedyville Kent Md -21. I certify that I took charge of the remains described above, held an Autopsy Inspection .... Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident -Suicide Homicide CHIEF MEDICAL EXAMINER slesse e. de should be no de should be no de signated z te state designated z ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Street, city, town, or county) 226, BURIAL, CREMATION, 725. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) Kennedyville Cemetery Ø40 p Md. Kennedyville, Kent Co. Burial 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur S. Trave

RYLAND STATE DEPARTMENT OF HEALTH

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ton,		03324 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. NO. 3317
please 4 shauld	X	1. PLACE OF DEATH C. COUNTY Kent (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Kent
Page Pugal	M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Chestertown  c. LENGTH OF STAY IN tb  Lifetime  Chestertown
prior to	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  At Home 208 S. Water St.  d. STREET ADDRESS S. Water St.  e. IS RESIDENCE ON A FARM? YES IN ORIX
unera your fi		3. NAME OF DECEASED (Type or print) Mary Wickes Cotton Lost Warth March 17 19 62
th. If a the fund far the far	I)	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  COLORE WIDOWED DIVORCED 4/4/1910  9. AGE (in years seat birthday) 51 yrs.  Months Days Hours Min.
and 3 in be ratain		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Laborer  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Laborer  USA  USA
es 1, 2, 5 may ages 1 a		13. FATHER'S NAME Charles Wickes  14. MOTHER'S MAIDEN NAME Mary Angela Johnson
ive Page File po		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INSORMANT Clifton Cotton - Chestertown, Md. (son)
n 18. Gran PM3.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Probable coronary heart disease (Froberble)
in Item with for		Conditions, if ony, which 3/16/62 in P.M. Her neighbor, Jos. Wright living in
hould by pencil	M	gove rise to immediate couse (o), stating the underlying couse tost.  Out to double house attached to residence of deceased heard nothing 3/17, 18, 19/62. Family was notified, House was
ficate s ding" is s Office sed as a	0	ontered as ignificant conditions contributing to seath But not related to the Jerson of the Jerson o
d 'pen ominer'		200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part 11 of item 18.)  Ro sign of injury
the war dical Ex e 3 shau		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) (County) (State)  Hour o. m. 19 of work of work of work   19
riting lief Med		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection Inquiry, and find that death resulted frame; Natural causes Accident, Suicide, Homicide, Undetermined cause
F EDICAL		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
JERAL G	2	EXAMINER'S Robert W. Farr DEPUTY MEDICAL EXAMINER 3/23/62
cute in farwo TO FUN	0	220. BURIAL CREMATION. 22b. DATE THEREOF Broad Neck Cem. 22d. LOCATION (City, town, or county) (Stole), near - Chestertown, Md.
VS. A15ME(5)	B	23. FUNERAL DIRECTOR'S SIGNATURE  Chestertown, Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE MAD 2 7 162  Costant & House

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HITARIO NO ETADATO ES ESCIMINASE SACIONA ACETO White relief by the same of the synthesis and sometimes and the same of the sa Assessment was the service of the se All Managers of a priest cas on tack the about of timb And the state of t Annual Trib to the second of t in the sea of the season of the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution, Residence before edmission) 1 e. COUNTY b. COUNTY Kent Kent Maryland 42 무 MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN Ilf outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hock Hall Chestertown 8 davs d. NAME OF HOSPITAL OR INSTITUTION ( f not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO X Kent & Queen Anne's Hospital completely 3. NAME OF 4. DATE Month Middle Last Yeer DECEASED OF DEATH (Type or print) March 19 62 Jeffers Joseph Lerov 6. COLOR OR RACE | 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE III Years IF JNDER TYEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours WIDOWED [ DIVORCED Male attending physician Then please remove 12. CITIZEN OF WHAT COUNTRY! 10e, USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE County & State or foreign country done during most of working life, even if retired) U.S.A. Business Forms rastern Business Forms 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Viola Perkins Harry Jeffers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (Hyes give war or detes of service lan. rock Hall, maryland Patricia L. binefelt 18. CAUSE OF DEATH [Enter only one cause per line for ,a), (b,, and (c).] INTERVAL BETWEEN ONSET AND DEATH ģ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO netartitic Ca Conditions, fory, which .b1 gave rise to immediate cause has bee e burial DUE TO acramous Cell Cox of the L (e), stating the underlying the burn PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO WAS ALITOPSY ECATION PERFORMED? 8 0 NO DE 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of tem 18.) 206. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While House a.m. at work et work 1962 10 ... 3 / .... 2 21. I certify that (I) (this hospita.) attended the deceased from.... .19 🕵 🙏 , and that death occured 🗺 🏲 M, from the causes and on the date stated above. saw the deceased alive on.... ATTENDING 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR ALD. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Thomas J. Chestertown, Maryland Silon filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stete) 23a BURIAL, CREMATION, 1 23b DATE THEREOF REMOVAL (Specify) Op Dag 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ¢ÓD RESS 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) S. Frank 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
	03326 CERTIFICATE OF DEATH	03319
M	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL en	nt
$\chi$	write RURAL and give nearest lown) Betterton  d. NAME OF HOSPITAL OR INSTITUT ON (if not in hosp/te, give street address)  d. STREET ADDRESS  A STREET ADDRESS	o. 15 RESIDEN ON A FARM YES NO 1
	3. NAME OF DECEASED (Type or print) Florence M. Jewell 4. DATE Month OF DEATH March  5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRITH 9. AGE (in years IF LNDER)	19 19 62
-	Female   White widowed   D vorced   Dec. 18, 1870   91 yrs.   Months   10a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11 BIRTHPLACE (County & State or for, gn country)   12. CI done during most of working life, even if retired)	Days Hours Min
I)	Retired teacher Md. School Sys. Kent Co. Maryland Co. Fig. Father's NAME  Daniel Jewell Rosetta Draper    S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO. 17. INFORMANT  Address	. J. R.
	(Yes, no, or unkown) (Ifyasgivawarordatasofsarv ce)  NO  No  None Louise Hepbron Betterton,  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	I Id INTERVAL BETWEEN ONSET AND DEATH 3
	Conditions, if any, which (b) Degeneration of hearf number (c), stating the underlying OUE TO Old age obbility	5 year
0	PART II. OTHER SIGNIF CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PAR  208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part 1 or Part II of Item 18)	T 1(e) 19. WAS AUTOP PERFORMED YES NO
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year  Hour e.m.  p.m.  19  While at work	uniy) (State
	21. I certify that (I) (this hospital) attended the deceased from www 71.00 19., to worth, 19 saw the deceased alive on worth 19. 1962, and that death occurred at 7.P.M., from the causes and on 228. SEMATURE	the date stated abo
	22e. PHNS CIAN'S NAME (Type) Geza Koralewski, M.D.  ATTENDING PHYS. ADDRESS DIRECTOR PHYS. D	3-20-62 sign
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun REMOVAL (Speedy) 3-22-62 Chester Cemetery Chestertown, I	Id
8		2. Kina



- 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  03320
Fig.		0332:
P P P	M	2. USUAL RESIDENCE (Where depeased lived, if institution: Residence before admission a. COUNTY  a. STATE b. COUNTY
P 505		Kent Maryland Kent
4 h		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
s 1 s		Chestertown d days Chestertown
age s	72	d. NAME OF HOSPITAL OR INSTITUTION (H not in hospital, give street address)  d. STREET ADDRESS  a. IS RESIDENCE ON A FARMI
Z and		Kent & Queen Anne's Hospital
lete Per		3. NAME OF First Middle Last 4 DATE Month Day Year OF
Xec der		(Type or print) James Alfred Johnson DEATH 3/ 31 1962
e pod w		5. SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
e b		Male Negro WIDOWED DIVORCED 11/9/08 53 Yrs. Months Days Hours Min.
ical cian eve		10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
ertii Iysi rem		None Maryland U.S.A.
th ce g phy sse re in an		13. FATHER'S NAME
death nding pleas and ir	(I)	Oscar Johnson Hattie Barroll
hen itten		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unkown) [lifyesgivewardrdetesofservices] 16 SOCIAL SECURITY NO. 17. INFORMANT
at the a		Ne 216-05-6704   Nora Scott, Chestertown, Md. (daughter)
ta sian.		18. CRUSE OF DEATH [Enter only one cause per line for (a), [b), and (c).]
y sice		PART I, DEATH WAS CAUSED BY: Con by a VASCULOU TUSOM DOS : 5
Par de la		016 70
faw ding en s Frra		Conditions, if any, which ) (b) artaresclaror
Eria gerin		gave rise to immediate ceuse (a), stating the underlying DUE TO
r at respondence of the property of the proper		cause last, [c]
IAN al c safe safe o br	0	PART .I. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED.
Se a r		YES NO JE
Price Price		20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED [Enter neture of in ury in Part I or Part I of Item 18.)
<b>K</b> 축출출		OP. CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
Star by British		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m. While Not While at work at work at work at work
det:		Hour a.m. While Not While at work at work at work
TE SO		21. I certify that (I) (this hospital) attended the deceased from
F S S S S		saw the deceased alive on 3./31 19.62, and that death occurred at 2.74M, from the causes and on the date stated above
E of s		228 SIGNATURE ATTENDING MED. STAFF 22b. DATE
114 118		M.D. PHYS. DIRECTOR PHYS. 1 4/4/62
RAJ Page With	,	22c PHYS CIAN'S NAME (Type) Thomas of Solon M.D.
A P B	1	Thomas U. Sololi, P.D. Chester town, Md.
H H Bath		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)  REMOVAL (Specify)  REMOVAL (Specify)  Charter Town Md
5 g 5 g g		Burial 4/5/62 Georgetown Cem. RFD Chestertown, Md.
VR A15 (4)	0	24 TINERAL DIRECTOR'S SIGNATURE  Chostortown Md.   258. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
15M 7/61	M	Chestertown, Md. DATE MPR 6 '62

in 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

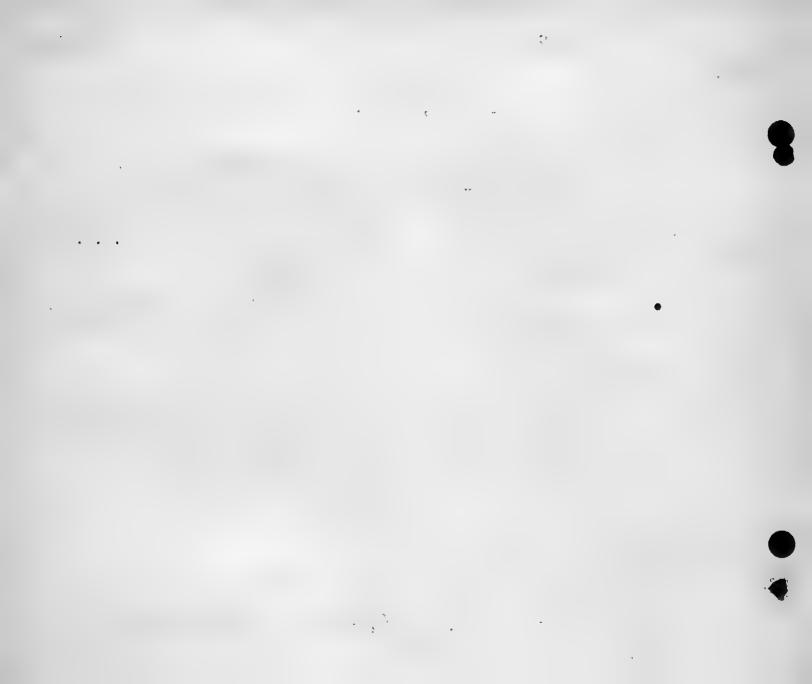


1 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
DR STATE	03328 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03321
ALTH DEPT.   8 . €	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY
r. Page files. Health,	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
of My of M	Rural Rock Hall  Rural Rock Hall
nerel di ned for hi.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address)  a. STREET ADDRESS  a. STREET ADDRESS  b. IS RESIDENCE ON A FARM? YES NO
he fure fure fure fure fure fure fure fur	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Franch 15 to 60
ay be a with th	5 SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   IF UNDER 17 YEAR IF UNDER 24 HRS.
5 md 5 md d 2 v	Male   White   widowed   Divorced   Aug . 29-1907   54 yrs.   Monins   Days   Hours   Min.   10s. USCAL OCCUPATION (Give kind of work   Tob Kind of Business Or Industry   11. Birthelace (Siete or foreign country)   12. CITIZEN OF WHAT COUNTRY!
3. Pege 1, 2 Pege 1, 2 Pege 1, 2 Pege 1 Pege 1 Pege 1 Pege 1 Pege 1 Pege 1 Pege 1, 2 P	done during most of working life, even if retired)  Waterman  1.4. MOTHER'S MAIDEN NAME  1.4. MOTHER'S MAIDEN NAME
T T T	Howard Kendall Ella Apsley
St. of ing	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT  Address (Yas, no, or unkown) (Ifyas g vawarordatas of sorvica) 10. 16. 2028
with with a series	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
cil in slong ransit	PART I. DEATH WAS CAUSED BY: Probable coronary thrombosis
fice a	Conditions, if any which to the state of the car to go home, had an attack
	gave rise to immediate cause and died in his car.
miner ad es	causa last. (c)
ord "po	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS  PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS  PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTIONS  PRIMARY OF CONTRIBUTING CONTRIBUTIONS  PRIMARY CONTRIBUTIONS  PRIMA
Medic Should should	
writing e Chief Page 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  Hour a.m. While Not While factory, streat, office bldg., atc.)
Drie prior	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X. Inquiry, and in my opinion
E C C C C C C C C C C C C C C C C C C C	death resulted from: Natural causes X. Accident , Suicide , Homicide , Undetermined manner
forwerded to DIRECT (AL DIRECT)	ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
execute bid be fo	DEPUTY MEDICAL EXAMINER March 17 1962
should be for FUNEBAL. Its designate	EXAMINER'S Robert W. Farr, M. D. Address (Street, cty, town, or country)  220. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country)   (State)
or Fro	Burial March 18 Wesley Chapel Rock Hall Maryland
S. ATSME	23. EUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
5M 7/59	Chand church Hill, Md. DATE MAR 2 0 62 Circles & Thomas



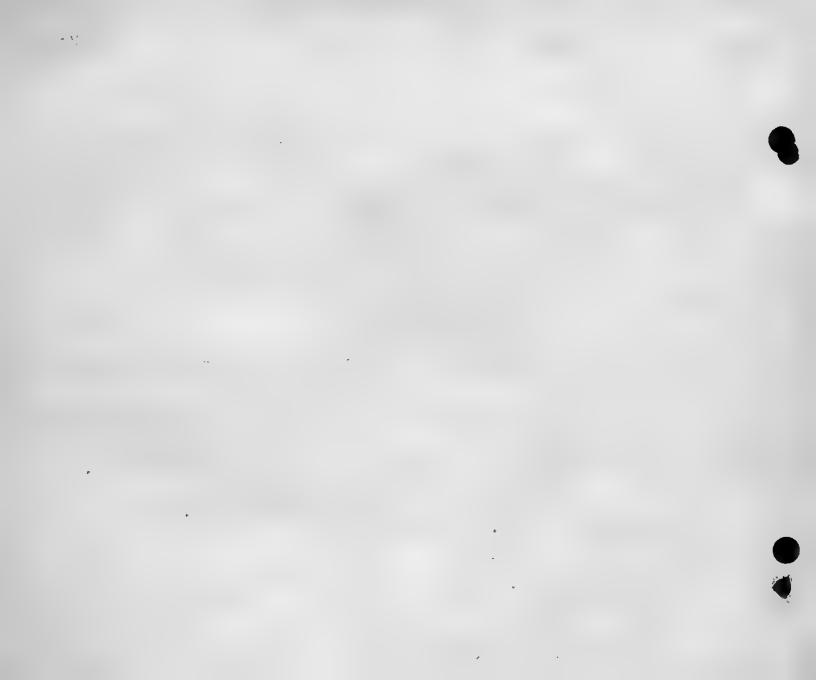
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOI	RE 1, MARYLAND
	03329 CERTIFICATE OF DEATH	03322
M	t. PLACE OF DEATH  a. COUNTY  Kent  MARYLAND  b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write Ru	Queen Anne's
72	Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitar, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	IS RESIDENC     ON A FARM
_	Kent & Queen Anne's Hospital  3. Name of Last 4. Date Month	VES NO NO
	DECEASED OF	9 19 62
, :	5. SEX   6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH   9. AGE In years IF	
T	10a. LSUAL OCCUPATION [Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE [County & State, or foreign country]	12. CITIZEN OF WHAT COUNTR
	Janitor  Board of Education Maryland  13. FATHER'S NAME  Maryland  14. MOTHER'S MAIDEN NAME	U.S.X.
4	Jess Phillips  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yas, no, or unknown) (Hyas giva war or delea of service)	
	PART I. DEATH [Enter only one cause par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Cover to Meyo cardeal infalled	th Hill, Md. (w the interval between onsei and destite the confidence of the conf
0 3	Conditions, if any, which gave rise to immediate causa [a], stating the underlying DUE TO  Cause last.  PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
1000	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
4	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour a.m.  p.m. 19 at work at work	(County) (Stata)
	21. 1 certify that (I) (this hospital) attended the deceased from 3-7	
	saw the deceased alive on	d on the date stated abo
1	22a. S GNATURE    Comparison of the comparison o	7/15-7-16 1/15-7-15-15-15-15-15-15-15-15-15-15-15-15-15-
	238. BURIAL, CREMATION, 236. DATE THERTOF   23c, NAME OF CEMETRY OR CREMATORY   23d, LOCATION (City, lown)	or county) (State)
2	50 R/A L 3/12/62 Como to the selection of	11 : 10 Ma

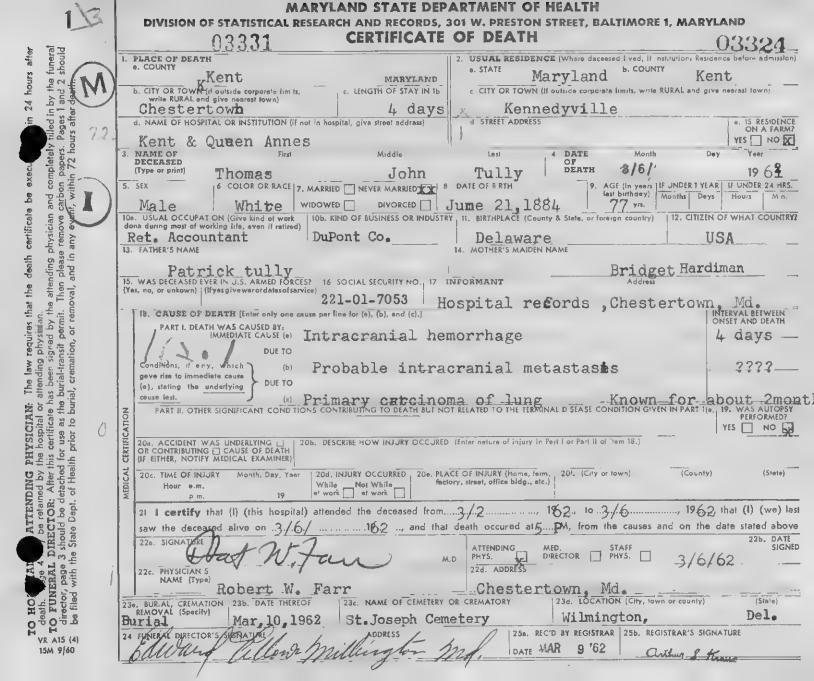
MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03330 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Kent Marvland Kent MARYLAND b. CITY OR TOWN (if outside corporete (imits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I m ts, write RURAL and give necrest town) write RURAL and give nearest town) Chestertown adult life Chestertown d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARMI Campus Ave. Campus Ave YES NO XX 3. NAME OF First Midd e 4. DATE Month DECEASED Eva F. Smith DEATH Mar. 10, 1962 (Type or print) and col carbon, 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 19 AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. 8. DATE OF BIRTH asi birthday) Months | Days female DIVORCED 10e. USUAL OCCUPATION (Give kind of work 106. K ND OF BUSINESS OR INDUSTRY & RTHPLACE County & Stets, or foreign country) , 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retirad)

housewife Baltimore City, Md. 1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alfred W. Cooper Margaret Hudson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyesgivewerordatesofservice) Frank W. Smith, Jr. Chestertown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ] S HOT LIND DEATH PART I, DEATH WAS CAUSED BY. Cardiac arrest IMMEDIATE CAUSE (e) Coronary arteriosclerosis with 5-A block ion one year geve rise to immediate ceusa DUE TO (e), steting the underlying ceuse last PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 2Da. ACCIDENT WAS UNDERLYING [ ] 2Db. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Pert I or Pert II of Jem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year factory, strast, office bldg., etc.) Not While While Hour a.m. et work al work 21. I certify that (I) (this hospital) attended the deceased from May. 16. ... 1961 to Mar. 10. .... 162., that (I) (we) last 22b. DATE 22e. SIGNATURE SIGNED MED. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIANS NAME (Type) Robert W. Farr Chestertown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BUR AL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Chestertown, Md.  $\frac{1962}{}$ å å o å Chester Cemetery Buria 25e. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORIS SIGNATURE Chestertown, Md. VR A15 (4) 15M 9/60







RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacassed livad, If institution, Residence before admission) e. COUNTY b. COUNTY Kent Kent Land MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give naerast town) Rural Rural Worton Worton Years . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF Middla 4. DATE Month DECEASED Wilbert 1962 Walbert March DEATH (Typa or print) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months 1 Male WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Maryland Painting Contractor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walbert Sr. Beatrice Lehman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyas give war or datas of sarvice) Worton, Md. 212-16-65 Walbert Marv 18. CAUSE OF DEATH [Enter only one cause per line (or (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE (a), stating the undarlying ceuse lest. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) Not While Hour e.m. While at work at work 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR M.D. 22d. ADDRES 22c, PHYSICIAN'S Worton, Md. NAME (Typa) Jovce 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) P dig Wesley Chapel Cemty Rock Hall. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Still Pond, Md. 15M 9/60

25/25/2011 market Taxon therefore the second or desired to the little of the second The state of the s the to be a second to the seco , De Libour. The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY Kent MARYLAND Maryland Kent b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Rock Hall Rock Hall d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Henry Street Street YES NO TO Henry 3. NAME OF Middle DATE Month DECEASED (Type or print) 1962 Frances Alice Watson DEATH March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) WIDOWED [ Female DIYORCED IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Processing Kent County, Maryland Bookkeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Janie Slagle Jennongs Townsend a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetes ofservice No 220-28-0194 Physician' records, Chestertown, Md. 18. CAUSE OF DEATH [Enter only ona cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (\*)\_ Multiple myeloma 10 months DUE TO gave rise to Immadiate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19, WAS AUTOPSY PERFORMED? NO TO 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (State) (County) fectory, street, office bldg., etc.) Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from ... 11-8saw the deceased alive on 3-17 and that death occured at 2p.M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) A.C. Dick, M.D. Chestertown, Maryland 238 BURIAL CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) BURIAL 24 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 25e. REC'D BY. VR A15 (4) Cirlhun S. Mraus

USINEU. 30. 3ac 1- /-A MARKET SERVICE STREET -10 The same of the sa come to ever the dely and